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Statement of Rep. Christopher Shays September 6, 2006

In 1981, scientists diagnosed the first cases of the disease we now call HIV/AIDS—Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome. Today, twenty-five years later, nearly 40 million people live with HIV/AIDS.

Worldwide last year, 4.1 million people were newly infected with HIV, and 2.8 million people died from AIDS, of whom 570,000 were children. A third of these deaths occurred in Sub-Saharan Africa.

A January 2000 US Central Intelligence Agency National Intelligence Estimate warns HIV/AIDS could deplete a quarter of the populations of certain countries. There is no cure for the disease.

The United States has committed massive amounts of foreign assistance to fight HIV/AIDS. After Congress passed the Leadership Act of 2003, President Bush announced a \$15 billion, five-year initiative known as PEPFAR, the President's Emergency Plan For AIDS Relief.

PEPFAR fights HIV/AIDS through initiatives in prevention, treatment, and care. By 2010, the goal of PEPFAR is to prevent seven million new infections; support treatment for two million HIV-infected people; and

provide care for 10 million people affected by HIV/AIDS, including orphans and vulnerable children. Multiple branches of the U.S. government are engaged in this vast effort, including the Department of State, U.S. Agency for International Development, Health and Human Services, the Department of Defense, and the Peace Corps.

PEPFAR assistance will eventually reach 120 countries, but concentrates the bulk of its funds in fifteen hardest-hit “focus countries,” most of which are in sub-Saharan Africa.

Today we examine PEPFAR’s prevention component. The 2003 Leadership Act, which authorized PEPFAR, recommended and now requires twenty percent of total PEPFAR funds be spent on HIV prevention. The Act endorses HIV sexual transmission prevention through the model for “Abstinence, Being faithful, and Correct and Consistent use of Condoms”—known for short as ABC—and includes a spending requirement that one third of prevention funds go to abstinence-until-marriage initiatives.

This spending requirement has come under intense scrutiny as a conservative political vehicle rather than scientifically-based policy.

Supporters of ABC contend it is evidence-based and shows promising results. Critics assert the spending requirement is an arbitrary figure that ignores human nature and hinders local ability to respond to the epidemic appropriately in each different country.

Others argue the key is integration of different prevention methods to create comprehensive initiatives that reach as many as possible, as effectively as possible, and flexibility so local implementers can respond to the specific conditions where they work.

This June, I joined Congresswoman Barbara Lee and others in introducing the Protection Against Transmission of HIV for Women and Youth (PATHWAY) Act of 2006, which includes a provision to lift the abstinence-until-marriage funding earmark from PEPFAR.

Our witnesses today represent a broad spectrum of opinion and world-class expertise in their respective fields. We welcome Ambassador Mark Dybul, Global AIDS Coordinator at the Department of State, and the

Honorable Kent Hill, head of Global Health at the U.S. Agency for International Development.

We also welcome our second panel including Dr. David Gootnick of the Government Accountability Office, Dr. Helene Gayle from CARE USA, Dr. Edward Green of Harvard University, and a special welcome to Dr. Lucy Sawere Nkya, a Member of Parliament from Tanzania and a longtime luminary in HIV/AIDS work.

HIV/AIDS is a pandemic that has produced consequences unimaginable 25 years ago. Today we need to imagine that we can conquer this disease. The world needs PEPFAR and other programs like it to fight HIV/AIDS. We must make sure our funding is responsive and that the money is being used sustainably and wisely.